

NEW YORK

# Senator Hillary Rodham Clinton

## RELEASE FORM

Due to the enactment of the "Right to Privacy Act," it is necessary for you to print out, complete and sign this form authorizing me and/or a member of my staff to obtain the information needed to respond to your request for assistance.

**Please print and mail this form to:**

Senator Hillary Rodham Clinton  
United States Senate  
Attn: Constituent Services  
476 Russell Senate Office Building  
Washington, DC 20510

Date: \_\_\_\_\_

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Senator Hillary Rodham Clinton has my permission to make inquiries into my personal records and/or files as necessary to assist me in the matter I have presented to her office.

Signature: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_

Telephone: (Day) (\_\_\_\_) \_\_\_\_\_ (Evening) (\_\_\_\_) \_\_\_\_\_

Do you currently have a case pending before a local, state, or federal court pertaining to this matter?

YES: \_\_\_\_\_ or NO: \_\_\_\_\_ (mark one)